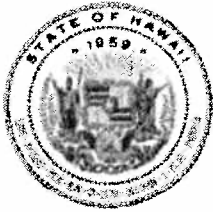


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## **Executive Office on Aging**



*"E Loa Ke Ola"  
May Life Be Long*

## **Hawaii State Plan on Aging 2008 – 2011 (October 1, 2007 – September 30, 2011)**

*On Designing Livable Communities for Hawaii's Aging Society*



***"E Loa Ke Ola"  
May Life Be Long***

Scholar artist Hon-chew Hee styled the Chinese character for longevity to create a Hawaiian petroglyph symbol expressing Mary Kawena Pukui's translation of the Hawaiian words "E Loa Ke Ola – May Life Be Long". The logo shows the family working together to "feed every inch of the mouth." The father of the family is depicted as tilling the land, while the mother is catching fish under water, and their son is spearing animals.

The expression of aging, island style, is a natural and welcome process with deep, joyous meaning to individuals and their families and communities. The logo symbolizes the desire of the people of Hawaii to be blessed with long and fulfilling lives.

**Policy Advisory Board for Elder Affairs (PABEA)  
June 2007**

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Julie Jow, Vice Chair  
Michael Sumja, Vice Chair  
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James Kam  
Shimeji Kanazawa  
Harold Kozuma  
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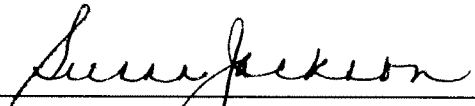
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Tessy Yokota  
Annette Young-Ogata  
***Community Members:***  
Shizuko Mukaida  
Linda Spratt

## VERIFICATION OF INTENT

The Executive Office on Aging hereby submits the Hawaii State Plan on Aging for the period October 1, 2007 – September 30, 2011. The Executive Office on Aging has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Older Americans Act, as amended in 2006, and is primarily responsible for the coordination of all state activities related to the purposes of the Act. The plan charts the direction over the next four years and includes the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and for serving as an effective and visible advocate for the older adults in the State.


The plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the plan upon approval by the U.S. Assistant Secretary for Aging, Administration on Aging. The plan, as submitted, has been developed in accordance with all Federal statutory and regulatory requirements.

JUL 11 2007  
Date

  
\_\_\_\_\_  
Susan Jackson  
ACTING EXECUTIVE DIRECTOR  
EXECUTIVE OFFICE ON AGING  
STATE OF HAWAII

I hereby approve this State Plan on Aging and submit it to the Assistant Secretary for Aging for approval.

7/17/07  
Date

  
\_\_\_\_\_  
Linda Lingle  
GOVERNOR  
STATE OF HAWAII



Chiyome Leinaala Fukino, M.D.

### **MESSAGE FROM THE DIRECTOR OF HEALTH**

Hawaii's older adult population is blessed with longevity. Older adults continue to increase in numbers and proportion of the total population. The first of the baby boomers turned 60 years of age and soon will be 65 in 2011. Significant demands are expected with the growing aging population of today and tomorrow. Individuals, communities, and public and private sectors need to be ready for the many challenges and opportunities that will come about with Hawaii's maturing population.

The Hawaii State Plan on Aging, 2008-2011, *On Designing Livable Communities for Hawaii's Aging Society* is a blueprint for preparing for our aging society. It acknowledges that aging affects all of us and that Hawaii's communities need to have the necessary economic, workforce, and physical capacity for the changing demographic structure.

The Department of Health is very pleased to work closely with the Executive Office on Aging, County Area Agencies on Aging, other public sector agencies, private sector organizations, non-profits, and citizens in taking a proactive approach to creating opportunities for older adults and their caregivers. Working together the vision of *Livable Communities* can be reached for all residents.

Me ke aloha pumehana,

A handwritten signature in black ink, which appears to read "Chiyome Leinaala Fukino, M.D.". The signature is fluid and cursive.

Chiyome Leinaala Fukino, M.D.  
Director  
Hawaii State Department of Health



Daniel Vargas

### **MESSAGE FROM THE CHAIR OF PABEA**

I wish to thank the Policy Advisory Board for Elder Affairs (PABEA) for their insights and perspectives shared in the development of this State Plan on Aging. In particular, I want to recognize the Plans and Projects Review Committee (PPRC) of PABEA. Members of PPRC spent many hours reviewing the County area plans and advising on the development of the State Plan on Aging. PPRC began their work in November 2005 and have been actively involved ever since. I thank them for their dedication to this important effort.

The plan reflects the views of older adults, caregivers, community, policy makers, and administrators. It is the product of many statewide meetings, grassroots forums, community dialog, and data collection and review. The Hawaii State Plan on Aging (2008-2011) serves as a blueprint for action and as Executive Office on Aging, PABEA, Area Agencies on Aging, other government agencies, community, private sector, continue to work together Hawaii will have the kind of desirable livable communities for an aging society that we are all striving for.

Daniel Vargas  
Chair (2006-2007)  
Policy Advisory Board for Elder Affairs



Susan Jackson

**MESSAGE FROM THE ACTING EXECUTIVE DIRECTOR OF  
EXECUTIVE OFFICE ON AGING**

It gives me great pleasure to submit the Hawaii State Plan on Aging to the U.S. Administration on Aging. The plan is dedicated to *Designing Livable Communities for An Aging Society* – the plan takes a holistic approach in preparing for Hawaii's aging society. It incorporates health and social services, transportation, workforce and economic development, recreation, civic engagement, and emergency preparedness.

I want to acknowledge and thank our County partners, the Area Agencies on Aging, for their commitment and dedication in working with the Executive Office on Aging in the development of the area and state plans. Beginning in late 2005, this partnership worked closely to examine critical issues and develop strategies to prepare for the increasing numbers of and changing needs of older adults.

This plan is comprehensive and coordinated and the Executive Office on Aging looks forward to working with the Area Agencies on Aging, other government organizations, private sector, and the community in making the plan a reality and to serving well Hawaii's older adults.

Aloha Nui Loa,

Susan Jackson  
Acting Executive Director  
Executive Office on Aging

## EXECUTIVE SUMMARY

The Executive Office on Aging (EOA) is submitting this Hawaii State Plan on Aging, 2008-2011 to the U.S. Administration on Aging, Department of Health and Human Services. The plan describes the strategies that will be taken for the years 2008-2011. It subscribes to the general framework drawn from the Older Americans Act, the U.S. Administration on Aging's goals and strategies for Choices for Independence, Chapter 349 of the Hawaii Revised Statutes goals, and the Governor's Long Term Living Initiative.

Hawaii's older adult population continues to increase in numbers and proportion. Between 1980 and 2000, the older adult (60 years of age or older) population increased by nearly 82% while the total population grew by less than 26%. The growth in the number of older adults 85 years or older is even more dramatic. Over a 20 year period, the 85+ population increased by 216%. With the aging of the baby boomers projections indicate that by the year 2030, one in four individuals will be an older adult. This kind of population change has significant impact on existing physical infrastructures and systems of services.

To address current and anticipated needs, EOA and AAA agreed to adopt the theme of *Designing Livable Communities for an Aging Society* and pursue the following goals:

1. Hawaii's communities have the necessary economic, workforce, and physical capacity for an aging society.
2. Older adults and their caregivers have access to information and an integrated array of health and social supports.
3. Older adults are active, healthy, and socially engaged.
4. Families are supported in caring for their loved ones.
5. Older adults have in-home and community-based long term care options.
6. Older adults are ensured of their rights and benefits and protected from abuse, neglect, and exploitation.

This plan is based upon the proposals of the EOA and AAA. All of the strategies that have been identified are carried out through partnerships and collaborations with public and private sector organizations, community, and dedicated volunteers. EOA and AAA are systematically working together to prepare for Hawaii's aging society.



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The Executive Office on Aging (EOA) is submitting this Hawaii State Plan on Aging to the U.S. Administration on Aging (AoA) for approval. This plan complies with the requirements of the Older Americans Act (OAA), as amended in 2006, and the AoA's Program Instruction 07-01. Once the plan is approved by the U.S. Assistant Secretary for Aging, the State of Hawaii will receive grants from allotments under Title III and VII of the OAA.

The purpose of the plan is to set the direction for the years 2008-2011 for the development of comprehensive and coordinated systems to serve older adults and their caregivers. Chapter 1 provides a summary of the planning process in developing the State and Area plans. Chapter 2 describes Hawaii's aging population (population profile, concern for the future, major issues and areas of concern, and unmet service needs). Chapter 3 presents the Aging Network. Chapter 4 presents a list of strategies to be taken over the next four years. Chapter 5 describes the expenditure plan. Chapter 6 reviews the approach taken to conduct evaluation.

In November 2005, the State and area planning process was begun. EOA brought together representatives from the Area Agencies on Aging (AAA), University of Hawaii, private sector, community, and elderly advisory boards to kick off the statewide planning process. The meeting was aimed at facilitating and supporting the development of the State and Area Plans (2008-2011).

**Phase I: Identifying Critical Issues.**

With support from University of Hawaii Department of Urban and Regional Planning faculty, representatives discussed and surfaced critical issues that the State and counties could work on together and be reflected in the respective plans.

University faculty, AAA Directors, and advisory board members presented background information on the 2011 Project (visioning and strategic planning process begun in 1996), priorities of the local activities resulting from the Hawaii White House Conference on Aging, and critical issues found in the respective counties across the state.

Priority issues were identified and strategies developed around age friendly “livable communities,” workforce shortage, housing, transportation, community development, primary prevention, home and community based services, long term care planning, efficient and effective system of information dissemination, and caregiving.

**Phase II: Strengthening Aging Network Capacity.**

EOA asked how it could best support planners in developing their plans. AAA planners asked for trainings focused on: needs assessment, collaboration/partnership development, planning and evaluation (using the logic model), leadership development, transportation, and the development of Aging and Disability Resource Centers. From January through June 2006, training sessions were conducted with support from faculty of the University of Hawaii’s Department of Urban and Regional Planning, School of Medicine, and researcher from the Hawaii Department of Business, Economic Development and Tourism.

**Phase III: Conducting Needs**

**Assessment.** With data sets and tools made available through EOA-sponsored training, the AAA conducted their local needs assessment activities, which included conducting secondary data review and primary data collection (surveys, focus groups, and local forums), compiling, and synthesizing their findings.

Recurrent focus areas surfaced in reviewing the various needs assessment and planning reports:

- Preparing Hawaii’s infrastructure for its aging society
- Access to information and services
- Active and healthy aging
- Family caregivers support
- Home and community based service options
- Elder rights and benefits and prevention of abuse, neglect, and exploitation.

**Phase IV: Agreeing on Common Goals.**

By August 24, 2006, EOA and AAA adopted a broad theme of “Designing Livable Communities for An Aging Society” and agreed to pursue common goals statewide. The goals are:

1. Hawaii’s communities have the necessary economic, workforce, and physical capacity for an aging society.
2. Older adults and their caregivers have access to information and an integrated array of health and social supports.
3. Older adults are active, healthy, and socially engaged.
4. Families are supported in caring for their loved ones.
5. Older adults have in-home and community-based long term care options.
6. Older adults are ensured of their rights and benefits and protected from abuse, neglect, and exploitation.

**Part V: Developing Area Plans.** The AAA developed their area plans around the six goals identified above. They conducted public hearings to hear communities’ voices and collect testimonies on the proposed plans. Proposed plans were finalized and submitted to respective Mayors for review and approval.

**Phase VI: Designing the State Plan.**

EOA and the Plans and Project Review Committee (PPRC) of the Policy Advisory Board of Elder Affairs (PABEA) reviewed and commented on the local area plans. The area plans served as the basis for the development of the State plan. With advice from the PPRC and PABEA, EOA developed the proposed State plan and sought public comments by organizing public meetings across the state. The public was invited to submit testimonies in writing or by participating in one of six public hearings (public hearings were conducted in June, 2007). The PPRC reviewed the public testimonies and advised EOA on the development of the final plan. The plan was submitted to the Governor’s Office for review, approval, and submission.

## **NOTICE OF PUBLIC HEARING ON STATE PLAN ON AGING**

Pursuant to the Older Americans Act, as amended in 2006, the Executive Office on Aging invites the public to comment on the proposed Hawaii State Plan on Aging (2008-2011) in writing or by participating in one of the public hearings scheduled for that purpose. Public hearings will be held on:

|               |  |
|---------------|--|
| June 14, 2007 | 10:00 a.m.<br>J. Walter Cameron Center Auditorium<br>95 Mahalani Street<br>Wailuku, Hawaii   |
| June 15, 2007 | 10:00 a.m.<br>4444 Rice Street<br>Piikoi B Conference Room<br>Lihue, Hawaii                  |
| June 25, 2007 | 9:30 a.m.<br>Lanakila Multipurpose Senior Center<br>1640 Lanakila Avenue<br>Honolulu, Hawaii |
| June 27, 2007 | 10:30 a.m.<br>Hale Halawai Community Center<br>75-5760 Alii Drive<br>Kona, Hawaii            |
| June 28, 2007 | 10:00 a.m.<br>Hilo Lagoon Conference Room #145<br>101 Aupuni Street<br>Hilo, Hawaii          |

A copy of the proposed state plan will be available at the Executive Office on Aging, 250 S. Hotel Street, Room 406, Honolulu, Hawaii 96813 and at any of the Area Agencies on Aging on June 6, 2007. A copy of the proposed plan will be mailed to any person who requests a copy and pays in advance for the copy and postage. Requests may be made in writing to the Executive Office on Aging at the address below or by calling (808) 586-0100.

The Executive Office on Aging  
Department of Health  
250 S. Hotel Street, Room 406  
Honolulu, Hawaii 96813

Anyone wishing to comment on the document in writing may do so by submitting testimony to the Executive Office on Aging before or during the public hearings. The comment period ends on June 29, 2007. For more information call the Executive Office on Aging at (808) 586-0100.

If you have special needs due to disability, please contact the Executive Office on Aging at (808) 586-0100, voice/TTY, at least ten calendar days prior to the scheduled meeting.

State of Hawaii  
Executive Office on Aging  
Susan Jackson  
Deputy Director of Health

Public Notice announcement published in: The Garden Isles, Honolulu Star Bulletin, Maui News, Hawaii Tribune, and West Hawaii Today.

EOA and AAA applied various needs assessment approaches (secondary data review, literature reviews, service utilization analysis, primary data collection activities-community surveys, forums, focus groups) and identified a number of challenges facing Hawaii's older adults, their caregivers, and social and physical infrastructures. This part of the plan provides a review of population, health, social, and economic data and trends; concern for tomorrow with the aging of the baby boomers; issues and areas of concern; and estimated unmet service and program needs.

## Population Profile

### *Increase in numbers and proportion of older adults*

Hawaii's older adult population (persons 60 years of age or older) continues to increase in numbers and proportion (share of total population). In 1980, there were 113,940 older adults, representing 11.8% of the total population. By 2000, there were 207,001 older adults representing 17.1% of the total population. U.S. Census Bureau 2007 estimates show there are 249,755 older adults in Hawaii today.

Over a twenty year period (1980 – 2000), the older adult population increased by nearly 82% while the total population grew by less than 26%. The growth in the number of older adults 85 years or older is even more dramatic. In 1980, there were 5,560 individuals 85 years and older representing only 0.6% of the total population. By 2000, the 85+ population increased to 17,564, representing nearly 1.4%. Between 1980 and 2000, the 85+ population increased by 216%.

Table 1: Population (60+, 85+)

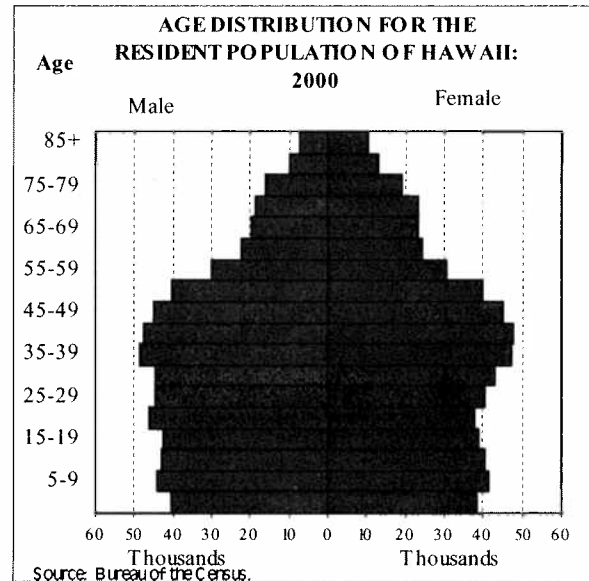
| Age<br>(population in<br>1000s) | 1980   | 1990    | 2000    | 2010   | 2020    | 2030    |
|---------------------------------|--------|---------|---------|--------|---------|---------|
| Total 60+                       | 113.94 | 173.73  | 207.001 | 268.8  | 351.65  | 410.45  |
| % of Total Pop.                 | 11.8%  | 15.7%   | 17.1%   | 20.0%  | 23.6%   | 25.2%   |
| #Change from 1980               |        | 59.8    | 93.1    | 154.86 | 237.71  | 296.51  |
| % Change from<br>1980           |        | 52.5%   | 81.7%   | 135.9% | 208.6%  | 260.2%  |
| Total 85+                       | 5.56   | 10.397  | 17.564  | 29.75  | 33.8    | 40.35   |
| % of Total Pop.                 | 0.6%   | 0.9%    | 1.4%    | 2.2%   | 2.3%    | 2.5%    |
| #Change from 1980               |        | 4.8     | 12.0    | 24.19  | 28.24   | 34.79   |
| % Change from<br>1980           |        | 87.0%   | 215.9%  | 435.1% | 507.9%  | 625.7%  |
| Total Population                | 964.69 | 1108.23 | 1211.54 | 1346.6 | 1489.55 | 1630.45 |
| # Change from<br>1980           |        | 143.54  | 246.85  | 381.91 | 524.86  | 665.76  |
| % Change from<br>1980           |        | 14.9%   | 25.6%   | 39.6%  | 54.4%   | 69.0%   |

Source: U.S. Census Bureau. Hawaii Department of Business, Economic Development and Tourism.

### *Aging baby boomers*

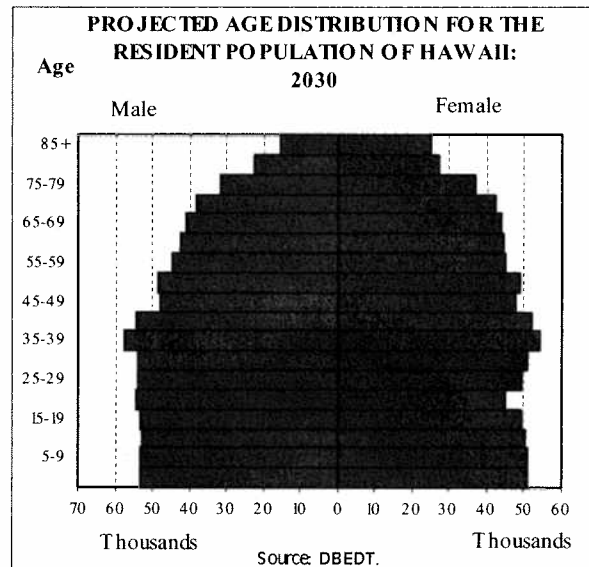
With the aging of the baby boomers (persons born between 1946-1964) and decreasing mortality, projections indicate that by the year 2030, one in four individuals will be an older adult. The growth in numbers of older adults will change the population age structure from a population pyramid as shown in 2000 to a squaring of the population structure by 2030.

Figure 1



Source: U.S. Census Bureau.

Figure 2



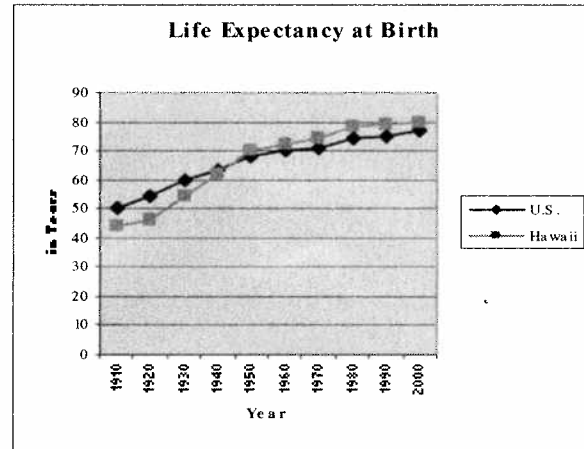
Source: Hawaii Department of Business, Economic Development and Tourism.



### ***Increase in life expectancy***

Life expectancy continues to increase over time. Hawaii's life expectancy is longer than the United States as a whole. In 2000, life expectancy in Hawaii was 80 years, compared to U.S. at 77 years.

Figure 3



Source: Hawaii Health Information Corporation.

### ***Life expectancy varies among ethnic groups***

According to the 1990 life expectancy tables, disparities exist among ethnic groups. Chinese and Japanese live the longest (83 and 82 years respectively), followed by Filipinos (79 years), Caucasians (76 years), and Hawaiians and Part-Hawaiians (74 years).

Table 2

**Hawaii Life Expectancy by Ethnic Race**

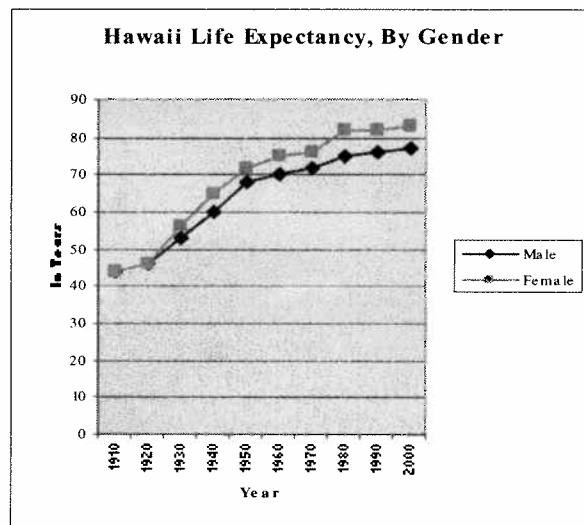
| Year | Caucasian | Chinese | Filipino | Native Hawaiian | Japanese |
|------|-----------|---------|----------|-----------------|----------|
| 1910 | 55        | 54      | (NA)     | 33              | 49       |
| 1920 | 56        | 54      | 28       | 34              | 51       |
| 1930 | 62        | 60      | 46       | 42              | 60       |
| 1940 | 64        | 65      | 57       | 52              | 66       |
| 1950 | 69        | 70      | 69       | 62              | 73       |
| 1960 | 73        | 74      | 72       | 65              | 76       |
| 1970 | 73        | 76      | 73       | 68              | 77       |
| 1980 | 76        | 82      | 79       | 72              | 81       |
| 1990 | 76        | 83      | 79       | 74              | 82       |

Source: Hawaii Health Information Corporation.

### ***Life expectancy varies by gender***

Women tend to live longer than men. In 2000, life expectancy data show Hawaii women at 83 years and for men 77 years.

Figure 4



Source: Hawaii Health Information Corporation.

### ***More women than men***

In 1980, there were more men in Hawaii than women. By 2000, the numbers shifted and now there are more women. The differences become more pronounced with advancing age. Projections suggest this trend will continue with the longer life expectancy of women.

| Age         | 1980  |        | 1990  |        | 2000  |        |
|-------------|-------|--------|-------|--------|-------|--------|
|             | Male  | Female | Male  | Female | Male  | Female |
| 60-64 years | 18871 | 18923  | 22651 | 26077  | 22293 | 24107  |
| 65-69       | 15384 | 13769  | 21848 | 23736  | 19503 | 23344  |
| 70-74       | 10991 | 9231   | 15696 | 17373  | 18919 | 23496  |
| 75-79       | 6796  | 6877   | 11255 | 11439  | 16020 | 19366  |
| 80-84       | 3177  | 4364   | 6599  | 6662   | 9626  | 12763  |
| 85+         | 2011  | 3550   | 3977  | 6420   | 7270  | 10294  |
| 60+         | 57230 | 56714  | 82026 | 91707  | 93631 | 113370 |
| %           | 50.2% | 49.6%  | 47.2% | 52.8%  | 45.2% | 54.8%  |
| 85+         | 2011  | 3550   | 3977  | 6420   | 7270  | 10294  |
| %           | 36.2% | 63.8%  | 38.3% | 61.8%  | 41.4% | 58.6%  |

Table 3  
Figure 5

Source: U.S. Census Bureau,  
1980, 1990, and 2000.

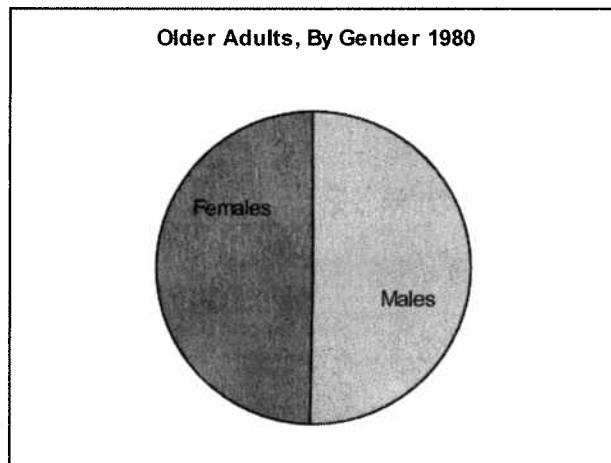
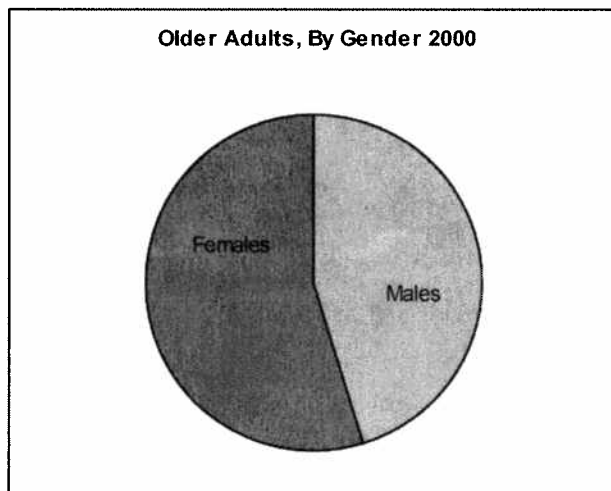


Figure 6



### *Change expected in geographic distribution*

Over the past two decades, the majority of older adults resided in the City and County of Honolulu (in 2000, 73% of older adults resided in the City and County of Honolulu, the metropolitan area of the State; 13% in Hawaii; nine % in Maui County; and five % in Kauai County).

Projections indicate however, that the proportion of older adults residing in the City and County of Honolulu will decrease to under 70% by the year 2015. Hawaii and Maui counties will see increases in the elderly population. Hawaii County will see increases from 12% in 1980 to 14% by 2015 and from 9% in 1980 to 11% by 2015 in Maui County.) The proportion of older adults residing in Kauai is expected to remain about the same.

Table 4

|      | 60+:<br>State of<br>Hawaii | Hawaii | %  | HNL     | %  | Kauai  | % | Maui   | %  |
|------|----------------------------|--------|----|---------|----|--------|---|--------|----|
| 1980 | 113,944                    | 13,592 | 12 | 83,820  | 74 | 6,125  | 5 | 10,407 | 9  |
| 1990 | 173,733                    | 20,755 | 12 | 128,490 | 74 | 8,877  | 5 | 15,611 | 9  |
| 2000 | 207,001                    | 26,122 | 13 | 150,910 | 73 | 10,468 | 5 | 19,501 | 9  |
| 2010 | 268,901                    | 35,750 | 13 | 190,950 | 71 | 13,800 | 5 | 28,400 | 11 |
| 2015 | 310,751                    | 43,050 | 14 | 216,300 | 70 | 16,550 | 5 | 34,850 | 11 |

Source: U.S. Census Bureau. Hawaii Department of Business, Economic Development and Tourism.

Figure 7

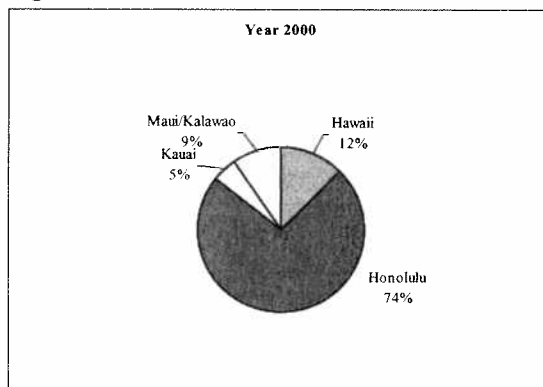
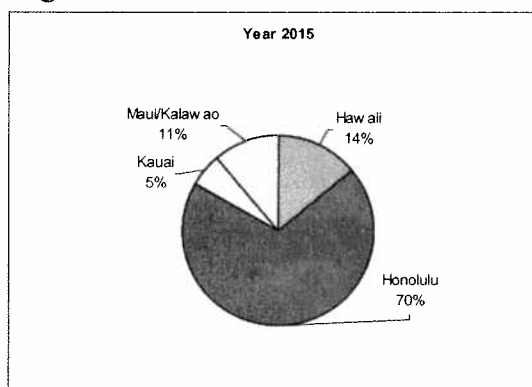


Figure 8



## ***Rural***

According to the U.S. Census Bureau definition of rural, in 2000, only 7.8 % of the State's older adults lived in rural areas. (The Census definition of rural is not urban. Urban consists of territory, persons, and housing units in: 1) places of 2,500 or more persons incorporated as cities, villages, boroughs and towns, but excluding the rural portion of extended cities; 2) census designated place of 2,500 or more persons; 3) other territory, incorporated or unincorporated, included in urbanized areas). Most resided in Kauai and Hawaii counties.

Applying the U.S. Administration on Aging's definition of rural, nearly 24% of elders lived in rural areas. (All areas outside Census Designated Places with a population of 20,000 or more).

### *Change in ethnic composition over time*

In 2000, minorities represented 77% of total older adult population. Asians alone represented 61.8%. Of the Asian population, 34.4% are Japanese, 14.8% are Filipino, 7.7% Chinese, 2.3% Korean and 1.8% represent other Asians.

Interesting shifts are expected to occur over time. Hawaii Department of Business Economic Development and Tourism projections suggest that the Asian population will decrease in number and proportion and Whites will increase in number and proportion in all counties over time.

Table 5  
60+

|   | State of Hawaii | Hawaii | Honolulu | Kauai  | Maui   |
|---|-----------------|--------|----------|--------|--------|
| White alone                                 | 50,641          | 10,402 | 29,672   | 3,251  | 7,316  |
| AIAN alone                                  | 302             | 65     | 187      | 15     | 35     |
| Black alone                                 | 884             | 71     | 745      | 20     | 48     |
| Asian alone                                 | 128,598         | 10,615 | 102,963  | 5,777  | 9,243  |
| NHPI alone                                  | 11,850          | 1,796  | 8,161    | 564    | 1,329  |
| Two or more races                           | 15,769          | 2,907  | 10,491   | 829    | 1,542  |
| TOTAL                                       | 208,044         | 25,856 | 152,219  | 10,456 | 19,513 |
| Hispanic                                    | 5,517           | 1,031  | 3,502    | 379    | 605    |
| Not Hispanic                                | 202,527         | 24,825 | 148,717  | 10,077 | 18,908 |
| TOTAL                                       | 208,044         | 25,856 | 152,219  | 10,456 | 19,513 |
| Minority                                    | 160,365         | 16,050 | 124,316  | 7,437  | 12,562 |
| Non-minority (White alone,<br>not Hispanic) | 47,679          | 9,806  | 27,903   | 3,019  | 6,951  |
| TOTAL                                       | 208,044         | 25,856 | 152,219  | 10,456 | 19,513 |

Source: U.S. Census Bureau, 2000.

***Leading causes of death continue to be heart disease, cancers and strokes***

The leading causes of death among older adults are heart disease, malignant neoplasms (cancers), cerebrovascular disease (stroke) and chronic lower respiratory disease.

Table 6  
**Mortality 60+: Underlying Cause of Death, 1999-2001, State of Hawaii**

|   | <b>1999</b> |       | <b>2000</b> |       | <b>2001</b> |       |
|---|-------------|-------|-------------|-------|-------------|-------|
| Underlying Cause of Death<br>for Older Adults (60+)       | Rank        | Count | Rank        | Count | Rank        | Count |
| Heart Disease   | 1           | 2032  | 1           | 2256  | 1           | 1934  |
| Malignant Neoplasms<br>(Cancers)                          | 2           | 1494  | 2           | 1484  | 2           | 1550  |
| Cerebrovascular Disease<br>(Stroke)                       | 3           | 669   | 3           | 623   | 3           | 688   |
| Chronic Lower Respiratory<br>Disease                      | 4           | 266   | 4           | 235   | 4           | 245   |
| Diabetes Mellitus   | 6           | 175   | 5           | 168   | 6           | 138   |
| Influenza/Pneumonia                                       | 5           | 211   | 8           | 94    | 5           | 185   |
| Nephritis, Nephrotic &<br>Nephrosis<br>(Kidney)           | 8           | 115   | 7           | 121   | 9           | 104   |
| Alzheimer's Disease                                       | 9           | 107   | 6           | 122   | 8           | 122   |
| Other Accidents & Adverse<br>Effects                      | 10          | 102   | 9           | 90    | 7           | 125   |
| Other Circulatory Diseases,<br>Including Artherosclerosis | 7           | 124   | 10          | 89    | 10          | 101   |
| All Other Causes  |             | 1224  |             | 1225  |             | 1319  |
| Total   |             | 6519  |             | 6507  |             | 6511  |

Source: Hawaii Department of Health, Office of Health Status Monitoring.

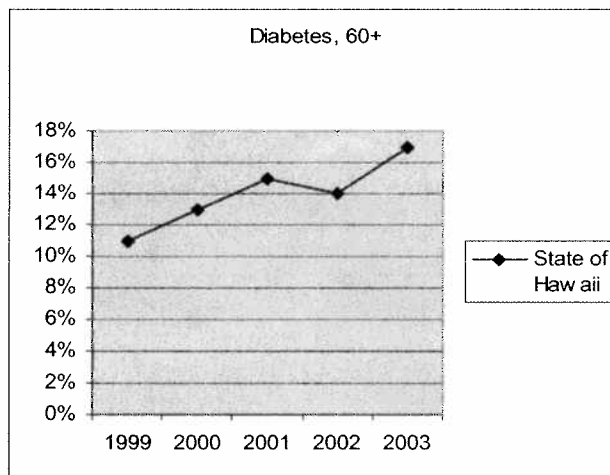
### *Vary in health status*

Hawaii Department of Health's Behavioral Risk Factor Surveillance System (BRFSS) shows that there are health disparities seen among ethnic groups and geographic regions.

Although Hawaii's older adults are living longer, there are a growing number and percentage who have chronic conditions and do not meet the recommended requirements for physical activity or nutrition.

**Diabetes is on the rise.** According to BRFSS data, diabetes continues to increase among older adults. In the State of Hawaii over a five year period (1999 – 2003), the proportion of older adults with diabetes increased from 11% to 17%. Over 20% of Native Hawaiians and Filipinos were found to have diabetes in the City and County of Honolulu and Hawaii County.

Figure 9



Source: Hawaii Department of Health, Behavioral Risk Factor Surveillance System.

Table 7

#### **60+: Diabetes, 1999-2003**

|                        | 1999       | 2000       | 2001       | 2002       | 2003       |
|------------------------|------------|------------|------------|------------|------------|
| <b>County:</b>         |            |            |            |            |            |
| Hawaii                 | 14%        | 14%        | 15%        | 11%        | 15%        |
| Honolulu               | 11%        | 12%        | 15%        | 16%        | 17%        |
| Kauai                  | 7%         | 14%        | 14%        | 7%         | 14%        |
| Maui/Kalawao           | 11%        | 14%        | 12%        | 12%        | 15%        |
| <b>State of Hawaii</b> | <b>11%</b> | <b>13%</b> | <b>15%</b> | <b>14%</b> | <b>17%</b> |

Source: Hawaii Department of Health, Behavioral Risk Factor Surveillance System.

Table 8

#### **60+: Diabetes by Ethnicity/Race, 2001-2003**

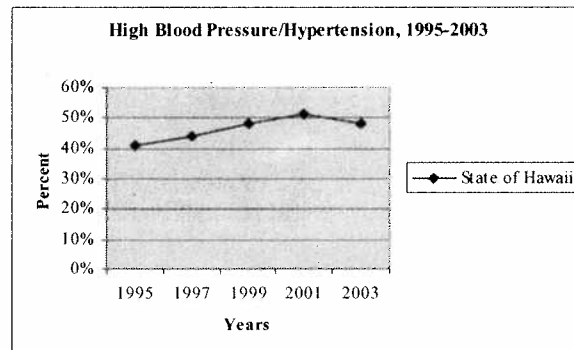
|                | White | Native Haw | Filipino | JPN | Total |
|----------------|-------|------------|----------|-----|-------|
| <b>County:</b> |       |            |          |     |       |
| Hawaii         | 10%   | 23%        | 25%      | 13% | 14%   |
| Honolulu       | 10%   | 20%        | 22%      | 17% | 16%   |
| Kauai          | 8%    | 18%        | 14%      | 14% | 11%   |
| Maui/Kalawao   | 10%   | 16%        | 11%      | 15% | 13%   |

Source: Hawaii Department of Health, Behavioral Risk Factor Surveillance System.

**40% have high blood pressure/hypertension**

BRFSS data also indicate that over 40% of older adults in Hawaii have high blood pressure/hypertension. Fifty-six% of Native Hawaiians, 53% of Japanese, 49% of Filipino, and 41% of Whites have high blood pressure/hypertension.

Figure 10



Source: Hawaii Department of Health, Behavioral Risk Factor Surveillance System.

Table 9  
**60+: High Blood Pressure/Hypertension  
1995-2003**

|          | White | Native<br>HI | Filipino | JPN | Total |
|----------|-------|--------------|----------|-----|-------|
| County:  |       |              |          |     |       |
| Kauai    | 57%   | 48%          | 55%      | 59% | 51%   |
| Honolulu | 40%   | 57%          | 45%      | 54% | 50%   |
| Maui/    |       |              |          |     |       |
| Kalawao  | 41%   | 46%          | 50%      | 55% | 43%   |
| Hawaii   | 42%   | 60%          | 63%      | 47% | 48%   |
| State of |       |              |          |     |       |
| Hawaii   | 41%   | 56%          | 49%      | 53% | 49%   |

Source: Hawaii Department of Health, Behavioral Risk Factor Surveillance System.



### ***Over 30% have high cholesterol***

Over 30% of older adults have high cholesterol. This varied among ethnic and racial groups. On three-year averages (1999-2003), 42% of Native Hawaiians, 38% of Japanese, 30% of Whites, and 28% of Filipinos had high cholesterol.

### ***Many are not pursuing the benefits of protective factors of physical activity and improved nutrition***

BRFSS data show that:

- Over 40% of older adults are overweight or obese.
- The percentage not getting regular physical activity increased from 45% in 1999 to 56% of older adults in 2003. On three-year averages (2001-2003), 65% of Filipinos, 58% of Japanese, 56% of Native Hawaiians and 49% of Whites are physically inactive.
- Over 60% consume less than 5 fruits or vegetables daily. On three-year averages (2001-2003), 76% of Japanese, 71% of Native Hawaiians, 69% of Filipino and 66% of Whites eat less than 5 fruits/vegetables daily.

Chronic conditions can lead to functional impairment, medical complications, loss of independence and various forms of disabilities. The costs (Medicare expenditures) of addressing chronic conditions continue to grow.

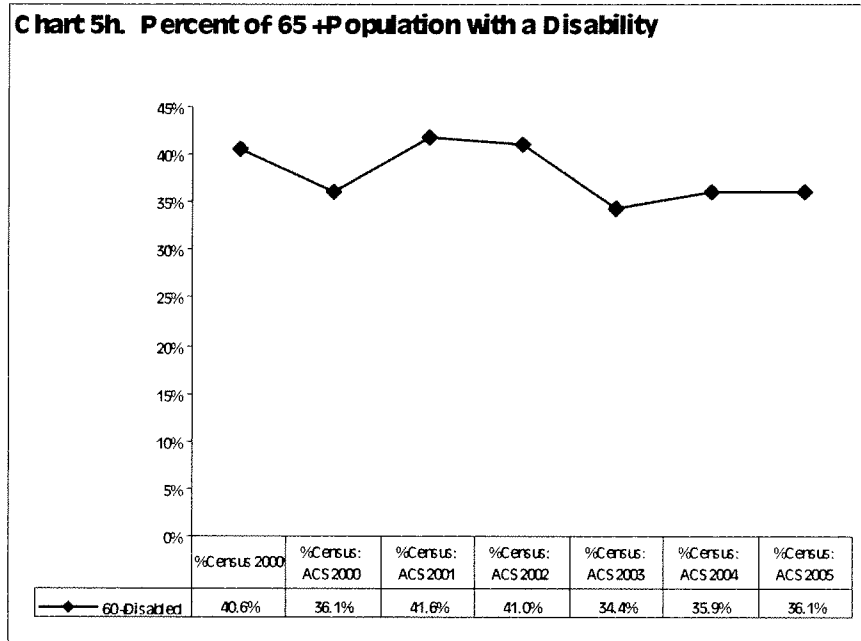
### ***Risk for Illness and Death Related to Flu and Pneumonia***

Death and illness related to influenza and pneumonia can be prevented through vaccinations. According to Healthy People 2010, vaccination is an effective strategy to reduce illness and deaths due to flu and pneumonia. These vaccinations are covered by Medicare; thus, vaccinating greater numbers of adults aged 65+ is feasible. With the population aging, increasing numbers of adults will be at risk for illness and death related to flu and pneumonia. According to Hawaii Department of Health Behavioral Risk Factor Surveillance System data for older adults (65+), vaccination rates for flu and pneumonia continue to rise. Despite these improvements, Hawaii has not reached the Healthy People 2010 goal of immunizing 90 percent of individuals 65 years and older.

## Disability

According to U.S. Census Bureau (2000), 37.5% of the older adult population had a disability. Among 65 years of age or older population, 40.6% had a disability.

Figure 11



Source: U.S. Census Bureau, 2000.

Table 10

| <b>60+ with a Disability</b> | State of Hawaii | Hawaii | Honolulu | Kauai | Maui  |
|------------------------------|-----------------|--------|----------|-------|-------|
| Census 2000                  | 76,380          | 9,615  | 55,285   | 3,940 | 7,540 |
|                              | 37.5%           | 38.0%  | 37.2%    | 37.7% | 38.3% |
| <b>65+ with a Disability</b> | State of Hawaii | Hawaii | Honolulu | Kauai | Maui  |
| Census 2000                  | 64,100          | 7,830  | 46,860   | 3,267 | 6,143 |
| % Census 2000                | 40.6%           | 40.3%  | 40.4%    | 40.9% | 42.2% |
| % Census: ACS 2000           | 36.1%           |        |          |       |       |
| % Census: ACS 2001           | 41.6%           |        |          |       |       |
| % Census: ACS 2002           | 41.0%           |        | 40.2%    |       |       |
| % Census: ACS 2003           | 34.4%           |        | 32.9%    |       |       |
| % Census: ACS 2004           | 35.9%           |        | 35.1%    |       |       |
| % Census: ACS 2005           | 36.1%           | 42.1%  | 34.5%    |       | 39.6% |

Source: U.S. Census Bureau, 2000.

### ***Are better educated***

Older adults are better educated than ever before. In 1990, 51% of individuals 65 or older had less than a high school degree or equivalent. By 2000, the percentage decreased to 35%. This lags behind the nation as a whole at 24%. In 1990, 11% of 65+ had a 4-year college degree or higher, by 2000, this increased to 16%. Hawaii was behind the nation at 22%.

Table 11

|                                 | 1990<br>(Hawaii) | 2000<br>(Hawaii) | 2000<br>(US) |
|---------------------------------|------------------|------------------|--------------|
| 65+ Education                   |                  |                  |              |
| Less than H.S. or equivalent    | 51%              | 35%              | 24%          |
| H.S. or equivalent              | 26%              | 34%              | 30%          |
| 4-year college degree or higher | 11%              | 16%              | 22%          |

Source: U.S. Census Bureau, 1990 and 2000.

### ***Some have language barriers:***

According to the 2000 census, 11.2% of older adults have language barriers (speaks English “not well” or “not at all”). In 2005, over 26,000 individuals (11.2% of older adults population) are estimated to have a language barrier.

Table 12

|                             | 2000<br>60+ | 2005*<br>60+ |
|-----------------------------|-------------|--------------|
| Kauai County                | 898         | 1,018        |
| City and County of Honolulu | 18,455      | 21,036       |
| Maui County                 | 2,255       | 2,630        |
| Hawaii County               | 1,670       | 1,972        |
| TOTAL                       | 23,290      | 26,718       |

Source: \*EOA estimates based on Census 2000 Language Barrier results and 2005 population estimates.

***Family caregiving exists but the nature (characteristics) and extent are unknown***

Significant attention is given to the issue of the informal caregiver. Many adults in Hawaii care for their loved ones. Yet, the nature and extent of family caregiving are unknown.

Preliminary data collection and review efforts have been conducted. The 2000 BRFSS data estimated that 126,598 adults are caregivers (providing regular care or assistance to a family member or friend who is an older adult or has a long term illness or disability), representing 14% of adult population. BRFSS 2000 data show:

- 57% of adult caregivers are female,
- 65% employed,
- 75% under the age of 60.

The Hawaii Health Survey, 2004, found that:

- 35% of care recipients live with their caregivers,
- 29% of care recipients live alone,
- Over 67% of care is provided in the care recipient's home,
- 82% of family caregivers receive additional care from other family members,
- About 20% of caregivers use formal means of support,
- Caregivers age 70+ are more likely to be caring for an older adult who has professional caregivers and less likely to utilize adult day care/health than other age groups.

Survey results showed that the most common impact caregiving has on caregiver's lives were:

- Less time to travel and engage in hobbies of their own (40%)
- Have less time to run my errands/go to appointments (37%)
- Don't get enough sleep (34%)
- Go to work late, leave early, take time off during the day (32%)
- Taken early retirement, leave of absence, or resigned (12%)
- Taken less demanding job/turn down promotion (10%).

It also found that 54% of family caregivers would consider getting information and training related to caregiving or consider health services for themselves. More than half would consider health services for the care recipient or help making a care plan, exploring care options, or finding services.

***Grandparents raising grandchildren (17 years or younger)***

Census 2000 shows that 7% of the 30 years of age or older population are grandparents living with grandchildren (under the same roof). In Hawaii, this is equivalent to over 49,000 individuals. This is twice as high as the national rate (3.6%).

Native Hawaiians and other Pacific Islanders are more likely to be grandparents living with their grandchildren than other ethnic groups. Blacks and Whites are least likely to be a grandparent living with their grandchildren.

Two percent of grandparents caring for their grandchildren are also responsible for their basic needs. (Over 14,000 individuals caring for their grandchildren are also responsible for their basic needs.) Twenty-nine percent of grandparents who live with their grandchildren are also raising one or more of these grandchildren. Over half of grandparents raising grandchildren are in the labor force (75% of grandparents raising grandchildren are under the age of 65).

Over 40% of those grandparents raising grandchildren are 60 years or age or older. This is higher than the nation as a whole at 30%.

In 2000, of those grandparents raising grandchildren, 63% were female and 37% were male (grandfathers). In 2003, 46% were male (grandfathers).

Nearly 6% of grandparents raising grandchildren are below poverty level.

***Living alone***

Census 2000 data show that approximately 17% of older adults live alone. This is an increase from 1990 Census that indicated 15% were living alone. More women live alone than men. White, Black, or American Indian/Alaska Native older adults are more likely to live alone than Native Hawaiian/Pacific Islander or Asian populations.

### ***Income status***

Income is influenced by the State's overall economic conditions. Over the past few years, there has been steady, but moderate growth in Gross Domestic Product. Hawaii Department of Business, Economic Development and Tourism projections suggest the economy will show moderate growth through 2010.

According to Census 2000, the median family income for householders 60+ is \$58,040 and \$62,069 for families with one or more persons. Median family income varies by county. The City and County of Honolulu and Maui County have higher household median family income than Counties of Kauai and Hawaii.

### ***Continuing to work***

Over 20% of older adults (60+) statewide are in the labor force. Maui County has the highest proportion of older adults in the labor force.

### ***Majority own their own homes***

The majority (74 %) of older adults are homeowners and 20% are paying 30% of their income for housing.

**Table 13**

| Economic Security, 2000                               | National | State | Kauai | HNL   | Maui  | Hawaii |
|---|----------|-------|-------|-------|-------|--------|
| Median Family Income, Householder 60+                 | 41429    | 58040 | 47997 | 61870 | 52362 | 43931  |
| Median Family Income, Family with One or More Persons | 43359    | 61059 | 52520 | 64579 | 58668 | 46562  |
| Labor Force Participation                             | National | State | Kauai | HNL   | Maui  | Hawaii |
| 60+ in Labor Force                                    | 21.1%    | 22.0% | 20.6% | 21.9% | 24.0% | 21.7%  |
| Housing   | National | State | Kauai | HNL   | Maui  | Hawaii |
| Householder 60+: Homeowner-occupied                   | 78.1%    | 74.4% | 76.2% | 73.2% | 74.9% | 80.2%  |
| Homeowners 60+ Paying 30%+ Income for Housing         | 21.5%    | 20.5% | 20.6% | 19.9% | 24.1% | 20.4%  |

Source: U.S. Census Bureau, Census 2000.

### ***Snapshot of Household Income, 65+***

The following provides a snapshot of household income of older adults 65 years or older. It should be noted that the survey did not include Kauai County.

Table 14  
Household Income,  
65+

|                     |        | %    |
|---------------------|--------|------|
| Less than \$10,000  | 8,497  | 9%   |
| \$10,000 - 14,999   | 8,737  | 9%   |
| \$15,000 - 19,999   | 5,122  | 5%   |
| \$20,000 - 24,999   | 6,559  | 7%   |
| \$25,000 - 29,999   | 5,398  | 6%   |
| \$30,000 - 34,999   | 5,205  | 5%   |
| \$35,000 - 39,999   | 5,541  | 6%   |
| \$40,000 - 44,999   | 4,254  | 4%   |
| \$45,000 - 49,999   | 5,359  | 5%   |
| \$50,000 - 59,999   | 6,835  | 7%   |
| \$60,000 - 74,999   | 9,641  | 10%  |
| \$75,000 - 99,999   | 10,133 | 10%  |
| \$100,000 - 124,999 | 6,641  | 7%   |
| \$125,000 - 149,999 | 3,464  | 4%   |
| \$150,000 - 199,999 | 3,392  | 3%   |
| \$200,000 or more   | 2,724  | 3%   |
| Total               | 97,502 | 100% |

Source: U.S. Census Bureau, 2005 American Community Survey.

## Poverty

Nearly eight percent of older adults live at or below the federal poverty level. Eight percent who are minorities are below poverty. Over time, the percentage of minorities in poverty continues to increase.

Table 14

### 60+ Below Poverty

|                | State of Hawaii | Hawaii | Honolulu | Kauai | Maui  |
|----------------|-----------------|--------|----------|-------|-------|
| 1990 Census    | 12,300          | 1,934  | 8,662    | 683   | 1,021 |
| Census 2000    | 15,140          | 1,905  | 10,950   | 730   | 1,555 |
| %: 1990 Census | 7.3%            | 9.4%   | 6.9%     | 7.9%  | 6.6%  |
| %: Census 2000 | 7.4%            | 7.5%   | 7.4%     | 7.0%  | 7.9%  |

### 60+ Minorities Below Poverty (% of 60+ Minorities)

|                | State of Hawaii | Hawaii | Honolulu | Kauai | Maui |
|----------------|-----------------|--------|----------|-------|------|
| %: Census 2000 | 7.7%            | 7.8%   | 7.6%     | 7.5%  | 8.2% |

### 65+ Minorities Below Poverty (% of 65+ Minorities)

|                        | State of Hawaii | Hawaii      | Honolulu     | Kauai | Maui        |
|------------------------|-----------------|-------------|--------------|-------|-------------|
| %: Census 2000         | 7.6%            | 7.4%        | 7.6%         | 7.3%  | 7.9%        |
| %: Census: ACS 2001    |                 |             |              |       |             |
| %: Census: ACS 2002    | 8.7%            |             | 9.0%         |       |             |
| %: Census: ACS 2003    | 7.5%            |             | 7.5%         |       |             |
| %: Census: ACS 2004    | 8.4%            |             | 9.0%         |       |             |
| <b>Census ACS 2005</b> | <b>10.1%</b>    | <b>9.1%</b> | <b>10.8%</b> |       | <b>3.1%</b> |

Source: U.S. Census Bureau, 2000. 2005 American Community Survey



Policy Advisory Board for Elder Affairs' Plans and Projects Review Committee identified the following implications from the data and trends presented earlier:

Implications:

- Need for more services
- Need for increased funding and resources (staffing, etc.)
- Need to make behavioral change in improving health
- Increase in specialized services among various professions and need for mechanism to enhance consumer protection while ensuring business friendly environment
- Educate/provide information to enable public to make informed lifestyle, financial and other decisions
- Provide good access to information
- Need for rural communities to have its infrastructure ready for aging society
- Need to look at different service models
- Have flexible and creative services to address range of population needs (from frail elders to aging baby boomers). Have variety of models for caregiving
- More options for housing and financing it
- Have creative and flexible options to address population changes
- Family caregivers get licensed as professional caregivers
- Have culturally appropriate options for diverse ethnic populations.

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## Livable Communities for an Aging Society

The **Hawaii Summit: 2011 Project** (a visioning and strategic planning project) was developed in 1996, to prepare Hawaii for its aging society. Under the auspices of EOA with assistance from the University of Hawaii Department of Urban and Regional Planning, this statewide planning process brought together individuals from public private sectors, non-profits, and communities to develop a Hawaii perspective (vision) of aging in the year 2011. The project was futures oriented and focused on three major phases: 1) increasing awareness about the demographic revolution occurring; 2) building scenarios for an aging society; and 3) developing policies, programs, and projects that lead toward desired vision.

Five major scenarios were synthesized from participant input:

Paving Over Paradise: This worst case scenario described current issues that go unattended and the disasters that follow.

Ohana Plus: Family centered communities that offer a range of housing arrangements, multi-generational family compounds offer vibrant centers of intergenerational activity, and seniors are well integrated into active civic life.

Boomerville: Gated community designed by and built by *Boomers for Boomers*.

Kakaako West: Revitalized downtown living with easy access to a range of services and activities resulting from senior-friendly urban design.

Aloha Villages: Rural lifestyle with village communities, farming, cooperatives, and community centers that offer leading edge technologies and services to meet needs.

Core values described in the scenario development served as guiding principles.

The values were:

- Independence and dignity
- Self determination
- Respect for elders
- Intergenerational connectedness
- Continued productivity
- Lifelong learning
- Interactive lifestyles
- Hawaiian values
- Appreciation for diversity
- Ohana (family)
- Avoiding a two-tiered society of haves and have-nots.

Work groups developed recommendations for policies, plans, projects and programs in five areas: 1) workforce and economic development; 2) housing; 3) supportive services; 4) health care and long-term care; and 5) community development.

Recommendations included:

### Workforce and economic development

- Eliminate employment barriers for seniors
- Promote retirement education, financial planning, and vocational training programs
- Create "Senior" industries

### Housing

- Support aging in place programs
- Support families who provide elder care
- Increase the supply of congregate housing
- Support families who provide senior care
- Zone lands for congregate living
- Supportive Services
- Provide a continuum of care
- Support independent living
- Maintain the safety net for seniors

-Provide recreational, educational and social services

Health Care and Long Term Care

-Expand wellness programs

-Support prevention-oriented health programs

-Support Gerontology Research and Geriatric Medicine

-Develop a comprehensive long-term care financing system

Community Development

-Plan livable communities

-Create transportation systems for seniors

-Encourage advocates for seniors.

**A Decade Later:** In 2006, EOA and AAA joined forces to expand the dialogue between public and private sectors, non-profit organizations, and community. State and county aging offices convened a statewide planning team and organized and held a **Conference on Designing Livable Communities for an Aging Society** on November 15, 2006, at the East-West Center. Over 150 individuals from across the state attended, including representatives from government, policy makers, private sector, experts in transportation, housing, planning, public health and aging networks, and the community.

Sandy Markwood, CEO of the National Association of Area Agencies on Aging, served as keynote speaker and reviewed how the coming age wave will impact housing, health, transportation, land use planning, public safety, parks and recreation, workforce development, volunteerism, arts and cultural activities and economic development. The information supported the conference participants' work in identifying issues, strategies, opportunities, and actions to be explored and taken. Issues areas included:

- Health status of older adults
- Family caregiving
- Home and community based service
- Rising health and long term care costs
- Aging in place
- Co-location of housing with supportive services
- Access to recreation and socialization for isolated and frail
- Need for multi-generational support programs
- Older adults and civic engagement
- Older adults in planning, design, of multimodal transportation, facilities and services
- Transportation options
- Qualified workers in health care
- Older workers in the workforce.

EOA and AAA conducted over the past two years a variety of data collection activities to understand the issues and concerns of older adults, their caregivers, and the community as a whole. Noteworthy statewide data collection reports are:

- A Compilation of Issues, Barriers, and Solutions Designed to Provide Input to the Policy Committee of the 2005 White House Conference on Aging (December 2004-April 2005);*
- A Compilation of Issues, Barriers, and Solutions for Consideration by Delegates Attending the June 30, 2005 Aging Agenda Conference;*
- Policy Advisory Board of Elderly Affairs Community Forums (2006);*
- Aging Issues 2007, A Briefing Guide for the Hawaii State Legislature (2007);*
- Conference on Designing Livable Communities for an Aging Society (2007);*
- Report to the Twenty-Fourth Legislature, State of Hawaii 2007(Pursuant to Senate Concurrent Resolution 115 S.D.1, Requesting that the State Executive Office on Aging Convene a Focus Group with Other Stakeholders to Assess Yearly Service Delivery Needs and Long-Term Strategic Planning for Kupuna Care).*

EOA and AAA discussed the various materials and identified the following six major issue areas to pursue.

**1. Preparing Hawaii's Infrastructure for Its Aging Society:** In the year 2011, the first of the baby boomer population will reach 65 years of age. The aging of our population will pose significant challenges to our economic, physical and social infrastructures. Is Hawaii ready for this kind of demographic revolution?

- Economic: Do we have adequate and appropriate services to meet anticipated aging and long term care needs and demands?
- Physical Infrastructure: Many older adults prefer to continue to live in their own homes within their familiar neighborhood, close to lifelong friends and family. Many need appropriate transportation to keep them as independent as possible. There is a need to have a range of housing, transportation, and community options to address the changing needs of older adults.
- Workforce infrastructure: There is concern about the workforce of the future. Currently, there is a lack of available workers to care for older adults and disabled individuals in long term care facilities and home and community based services and program. There is also a need for professional staff with backgrounds in gerontology and geriatrics. How can we create a system that attracts and prepares those who are interested and qualified to work? Hawaii needs to be prepared for its aging society.

**2. Access to Information and Services:** Older adults and their caregivers expressed a need for easy access to information and services. Many do not know where to turn for help or information. Some have found

the information system confusing or frustrating to access. The Aging Network across the nation understands the importance of having and operating an efficient and effective information delivery system to enable individuals to make informed decisions.

**3. Active and Healthy Aging:** Although Hawaii's older adults are blessed with longevity, there are a growing number and proportion of older adults who face chronic conditions and do not meet recommended requirements for physical activity or nutrition. Chronic conditions can lead to functional impairment, loss of independence, various forms of disabilities, and place significant demands on the healthcare (Medicare) and long term systems. Although there are evidence-based health promotion practices for preventing or delaying onset of some diseases, many individuals do not participate in these programs and practices. Steps need to be taken to keep individuals as healthy and active for as long as possible and prevent premature disability and institutionalization.

**4. Family Caregivers Support:** A strong sense of family exists in Hawaii and many family members care for their loved ones in their own homes and communities. These family members play a pivotal role in the provision of long term care and in enabling their loved ones to remain at home for as long as possible. There are, however, costs incurred financially, physically, and emotionally. Over time the costs take a toll on individuals, families, communities, and institutions. Family caregivers need a comprehensive, sustainable, community-based family caregiver support system and policies to enable them to continue to

provide necessary care to help their loved ones remain in their home and community for as long as possible and delay or avoid premature institutionalization.

## **5. Home and Community Based Service**

**Options:** With increasing age and frailty, individuals may need assistance in eating, bathing, dressing, transferring from bed to chair, toileting, taking medications, managing money, doing housework, or transportation. Individuals at risk for institutionalization may need supportive programs and services to enable them to live independently at home for as long as possible. Older adults, however, are not homogeneous and existing services and programs may not be suited to meet individual needs. Options need to be available for in-home and community based long term care that are best suited to meet their individual needs and preferences. Older adults need a range of flexible and consumer-directed options of care.

## **6. Elder Rights and Benefits and Prevention of Abuse, Neglect, and Exploitation:**

There are older adults who may not have access to information and services to ensure them of their basic rights and benefits and may fall victim of fraud, abuse, neglect or exploitation. Many are frail and vulnerable and often depend on others to assist them in meeting their daily needs. They need a voice to ensure them of their basic rights and benefits, address their complaints regarding care received in nursing homes, assisted living facilities, and adult residential care homes; and obtain legal assistance in addressing consumer protection, protective services, guardianship, and other disputes. There is a need to protect and enhance the basic

rights and benefits of vulnerable older adults. Older adults require information and assistance and education regarding their options, rights and benefits.

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## **Unmet Service Needs**

The Older Americans Act, as amended, requires the State to evaluate the need for supportive services and to determine the extent to which existing public or private programs meet such needs. EOA conducted literature review and proposed to the AAA that they apply formulas which were based upon results of various reports. These formulas were developed for Area Plan preparation purposes only. They are not intended to represent official State standards. They serve as rough gauges for determining the extent of community service needs. The following provides a review of the unmet needs by geographic region.

## County of Kauai

| Programs and Services            | Data Source and Methodology   | Extent of Need | Existing Capacity | Informal Capacity<br>*based on estimates | Unmet Needs |
|----------------------------------|---|----------------|-------------------|--|-------------|
| <b>Access</b>                    |   |                |                   |  |             |
| Information & Assistance         | BRFSS 2000; all adults 18+  | 47,272         | 2,249             |  | 45,023      |
| Outreach                         | BRFSS 2000; all 60+ and caregivers under age 60 (14%)   | 16,999         | 2,115             |  | 14,884      |
| Assisted Transportation          | NHIS-D, MEPS 2002 Special Tabulation<br>Physical or cognitive difficulty using regular vehicular transportation   | 3,535          | 105               | 355                                      | 3075        |
| Transportation                   | 60+ mobility disadvantaged; 65+ nondrivers - AARP report: Aging Americans: Stranded without Options; 21% of 60+   | 2,535          | 1,973             |  | 562         |
| Case Management                  | NHIS-D, 2004, MEPS 2002 Special Tabulation<br>Diminished functional capacities which require the provision of services by formal service providers or family caregivers | 3,535          | 656               |  | 2,879       |
| <b>In-Home</b>                   |   |                |                   |  |             |
| Chore                            | NHIS 2003-2004; DHHS, CMS, MCBS 2002<br>Difficulty standing and performing heavy housework  | 3,162          | 188               | 443                                      | 2,531       |
| Homemaker                        | NHIS 2004<br>Needs help of another person handling routine needs, such as household chores, shopping, or getting around   | 1,340          | 97                | 188                                      | 1,055       |
| Personal Care                    | DHHS, CDC, National Center for Health Statistics, NHIS 2004   | 703            | 114               | 98                                       | 491         |
| Adult Day Care/Health            | NHIS – D, MEPS 2002 Special Tabulation<br>Need daytime personal care in a supervised, congregate setting  | 3,535          | 64                |  | 3,471       |
| <b>Legal Assistance</b>          | 60+   | 12,071         | 389               |  | 11,682      |
| <b>Nutrition</b>                 |   |                |                   |  |             |
| Nutrition – Home Delivered Meals | NHIS-D, MEPS 2002 Special Tabulation<br>Hot meals delivered to frail, homebound   | 3,535          | 336               | 495                                      | 2,704       |
| Nutrition – Congregate Meals     | 60+<br>Hot meals in a congregate or group setting   | 12,071         | 1,998             |  | 10,073      |
| Nutrition Counseling             | BRFSS 2003<br>Nutritionally at risk   | 7,846          | 385               |  | 7,461       |
| Nutrition Education              | 60+ and caregivers under 60<br>Nutrition information  | 16,999         | 450               |  | 16,549      |



| <b>Programs and Services</b>      | <b>Data Source and Methodology</b>  | <b>Extent of Need</b> | <b>Existing Capacity</b> | <b>Informal Capacity<br/>*based on estimates</b> | <b>Unmet Needs</b> |
|-----------------------------------|---|-----------------------|--------------------------|--|--------------------|
| <b>Caregiver Support Services</b> |   |                       |                          |  |                    |
| IIIE - Counseling                 | BRFSS 2000<br>Adult caregivers 18+ (14%)  | 6,618                 | 302                      |  | 6,316              |
| IIIE - Respite                    | BRFSS 2000<br>Adult caregivers 18+ (14%)  | 6,618                 | 17                       |  | 6,601              |
| IIIE – Supplemental Services      | BRFSS 2000<br>Adult caregivers 18+ (14%)<br>Services provided on a limited basis, which may include home modifications, emergency response systems, incontinence supplies | 6,618                 | 12                       |  | 6,606              |
| IIIE – Access Assistance          | BRFSS 2000<br>Adult caregivers 18+ (14%)<br>Assists caregivers in obtaining access to services  | 6,618                 | 185                      |  | 6,433              |
| IIIE – Information Services       | All adults 18+  | 47,272                | 2,249                    |  | 45,023             |

## City and County of Honolulu

| Programs and Services                        | Data Source and Methodology  | Extent of Need | Existing Capacity | Informal Capacity | Unmet Needs |
|--|--|----------------|-------------------|-------------------|-------------|
| <b>Access</b>                                |  |                |                   |                   |             |
| Information & Assistance                     | BFRSS 2000; all adults 18+   | 696,421        | 118,474           |                   | 577,947     |
| Outreach                                     | BFRSS 2000; all 60+ and caregivers under age 60 (14%)  | 245,571        | 35,495            |                   | 210,076     |
| Case Management                              | NHIS-D, 2004, MEPS 2002 Special Tabulation Diminished functional capacities which require the provision of services by formal service providers or family caregivers | 50,467         | 6,937             | 38,355            | 5,175       |
| Assisted Transportation                      | NHIS-D, MEPS 2002 Special Tabulation Physical or cognitive difficulty using regular vehicular transportation   | 50,467         | 6,477             | 38,355            | 5,635       |
| Transportation                               | 60+ mobility disadvantaged; 65+ nondrivers - AARP report: Aging Americans: Stranded Without Options; 21% of 60+  | 36,157         | 40,263            |                   | (4,106)     |
| <b>Supportive Services – Community Based</b> |  |                |                   |                   |             |
| Adult Day Care                               | NHIS – D, MEPS 2002 Special Tabulation Need daytime personal care in a supervised, congregate setting  | 50,467         | 1,832             |                   | 48,635      |
| Congregate Meals                             | 60+ Hot meals in a congregate or group setting   | 172,177        | 5,822             |                   | 166,355     |
| Health Maintenance                           | 60+ with Disability<br>60+ with Chronic Conditions   | 66,960         | 25,007            |                   | 41,953      |
| Housing Assistance                           | 65+ Low-Income<br>65+ Renter   |                | 2,748             |                   | (2,748)     |
| <b>Supportive Services – In-home</b>         |  |                |                   |                   |             |
| Attendant Care (1)                           |  |                | 2,197             |                   | (2,197)     |
| Chore  | NHIS 2003-2004; DHHS, CMS, MCBS 2002 Difficulty standing and performing heavy housework  | 45,139         | 547               |                   | 44,592      |
| Homemaker                                    | NHIS 2004<br>Needs help of another person handling routine needs such as household chores, shopping or getting around  | 18,929         | 798               |                   | 18,131      |

| Programs and Services   | Data Source and Methodology   | Extent of Need | Existing Capacity | Informal Capacity | Unmet Needs |
|---|---|----------------|-------------------|-------------------|-------------|
| Home Delivered Meals  | NHIS-D, MEPS 2002<br>Special Tabulation<br><br>Hot meals delivered to frail,<br>homebound   | 50,467         | 3,515             | 38,355            | 8,597       |
| Nutrition Counseling  | BFRSS 2003<br>Nutritionally at risk   | 111,915        | 32,940            |                   | 78,975      |
| Nutrition Education   | 60+ and caregivers under 60<br>Nutrition information  | 245,571        | 3,005             |                   |             |
| Para-Professional Services                                      |   |                |                   |                   |             |
| Counseling (1)  |   |                | 8,736             | 0                 | (8,736)     |
| Escort (1)  |   |                | 1,298             | 0                 | (1,298)     |
| Literacy/Language   |   | 18,455         | 10                | 14,026            | 4,419       |
| Personal Care   | DHHS, CDC, National Center<br>for Health Statistics, NHIS 2004  | 9,922          | 3,617             | 7,541             | (1,236)     |
| Respite   | BFRSS 2000<br>Adult caregivers 18+ (14%)  | 97,499         | 1,467             | 74,099            | 21,933      |
| <b>Legal</b>  |   |                |                   |                   |             |
| Legal Assistance  | 60+   | 172,177        | 2,790             |                   | 169,387     |
| Elder Abuse & Neglect   | 65+ Living Alone  | 22,813         | 705               |                   | 22,108      |
| <b>National Family Caregiver Support Services (Title III-E)</b> |   |                |                   |                   |             |
| Access Assistance   | BFRSS 2000<br>Adult caregivers 18+ (14%)<br>Assists caregivers in obtaining<br>access to services   | 97,499         | 3,276             |                   | 94,223      |
| Information Services  | All adults 18+  | 696,421        | 6,139             |                   | 690,282     |
| Counseling  | BFRSS 2000<br>Adult caregivers 18+ (14%)  | 97,499         | 4,380             |                   | 93,119      |
| Respite   | BFRSS 2000<br>Adult caregiver 18+ (14%)   | 97,499         | 1,836             |                   | 95,663      |
| Supplemental Services   | BFRSS 2000<br>Adult caregiver 18+ (14%)<br>Services provided on a limited<br>basis which may include home<br>modifications, emergency<br>response systems, and<br>incontinence supplies | 97,499         | 351               |                   | 97,148      |
| Support Groups  | BFRSS 2000<br>Adult caregiver 18+ (14%)   | 97,499         | 4,528             |                   | 92,971      |
| Training  | BFRSS 2000<br>Adult caregiver 18+ (14%)   | 97,499         | 326               |                   | 97,173      |
| <b>Multipurpose Senior Center</b>                               |   |                |                   |                   |             |
| Recreation  | 60+   | 172,177        | 1,423             |                   | 170,754     |

(1) Estimate of need not available

## County of Maui

| Programs and Services           | Data Source and Methodology  | Extent of Need | Existing Capacity | Informal Capacity | Unmet Needs |
|---------------------------------|--|----------------|-------------------|-------------------|-------------|
| <b>Access</b>                   |  |                |                   |                   |             |
| Assisted Transportation         | NHIS-D results in LaPlante, et al. 2004, p.101, MEPS 2002 Special Tabulation, Provider Survey.   | 6,738          | 503               | 1,000             | 5235        |
| Case Management                 | NHIS-D results in LaPlante, et al. 2004, p.101, MEPS 2002 Special Tabulation, Provider Survey.   | 6,738          | 48                | 2,353             | 4,337       |
| Escort                          | Provider Survey  |                |                   |                   |             |
| I & A                           | All adults, Provider Survey  | 106,534        | 3,016             | 11,285            | 92,233      |
| Outreach                        | All adults, Provider Survey  | 106,534        | 650               | 17,176            | 88,708      |
| Transportation                  | 60+ mobility disadvantaged; 65+ nondrivers- AARP."Aging Americans: Stranded Without Options, Provider Survey.  | 4,856          |                   | 500               | 4,356       |
| <b>In Home</b>                  |  |                |                   |                   |             |
| Adult Day Care/Adult Day Health | NHIS-D results in LaPlante, et al. 2004, p.101, MEPS 2002 Special Tabulation, Provider Survey.   | 6,738          | 42                | 339               | 6,357       |
| Alzheimer's Support             |  |                |                   |                   | 0           |
| Attendant Care                  | Department of Health & Human Services, Centers for Disease Control & Prevention, National Center for Health Statistics, National Health Interview Survey (NHIS) 2004, Provider Survey. | 1,243          | 11                | 449               | 783         |
| Chore Service                   | NHIS 2003-2004, Department of Health & Human Services, Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey (MCBS) 2002, Provider Survey.                     | 5,715          | 161               | 367               | 5,187       |
| Housekeeping                    | NHIS 2004, Provider Survey.  | 2,377          | 189               | 84                | 2,104       |
| Personal Care                   | Department of Health & Human Services, Centers for Disease Control & Prevention, National Center for Health Statistics, National Health Interview Survey (NHIS) 2004, Provider Survey. | 1,243          | 88                | 760               | 395         |
| Shopping                        |  |                |                   |                   | 0           |
| Supervision                     |  |                |                   |                   | 0           |
| Telephoning                     | Provider Survey  |                | 29                |                   |             |
| Visiting                        | Provider Survey  |                | 54                |                   |             |
| <b>Legal</b>                    |  |                |                   |                   |             |
| Legal Services                  | 60+, Provider Survey.  | 23,124         | 360               | 153               | 22,611      |

| Programs and Services             | Data Source and Methodology  | Extent of Need | Existing Capacity | Informal Capacity | Unmet Needs |
|-----------------------------------|--|----------------|-------------------|-------------------|-------------|
| Legal Education                   | 60+, Provider Survey.  | 23,124         |                   |                   | 23,124      |
| <b>Community Based</b>            |  |                |                   |                   |             |
| Education/Training                |  |                |                   |                   |             |
| Hospice                           |  |                |                   |                   | 0           |
| Recreation                        | 60+, Provider Survey.  | 23,124         | 1,528             | 11,733            | 9,863       |
| Retirement Planning               | All adults, Provider Survey.   | 106,534        |                   |                   | 106,534     |
| Senior Centers                    | 60+, Provider Survey.  | 23,124         |                   |                   | 23,124      |
| Volunteer Services                | All adults, Provider Survey.   | 106,534        |                   | 1,757             | 104,777     |
| <b>Nutrition</b>                  |  |                |                   |                   |             |
| Nutrition Counseling              | Eating less than 5 servings of fruits & vegetables daily. State of Hawaii, Department of Health, Behavioral Risk Factor Surveillance System (BRFSS) 2003, Provider Survey.         | 15,031         | 28                | 582               | 14,421      |
| Nutrition Education               | All 60+ and caregivers under age 60, BRFSS 2000, Provider Survey.  | 34,801         | 1,642             | 1,062             | 32,097      |
| Meals- Congregate                 | 60+, Provider Survey.  | 23,124         | 980               | 403               | 21,741      |
| Meals - Home Delivered            | National Health Interview Survey on Disability (NHIS-D) results in LaPlante, et al. 2004, p.101, Medical Expenditure Panel Survey (MEPS) 2002 Special Tabulation. Provider Survey. | 6,738          | 770               | 878               | 5,090       |
| <b>Caregiver Support Services</b> |  |                |                   |                   |             |
| III-E Counseling                  | Adults caregivers, BRFSS 2000, Provider Survey.  | 14,915         | 464               | 2,622             | 11,829      |
| III-E Respite                     | Adults caregivers, BRFSS 2000, Provider Survey.  | 14,915         | 45                | 243               | 14,627      |
| III-E Supplemental Services       | Adults caregivers, BRFSS 2000, Provider Survey.  | 14,915         | 9                 | 861               | 14,045      |
| III-E Access Assistance           | Adults caregivers, BRFSS 2000, Provider Survey.  | 14,915         |                   | 3,041             | 11,874      |
| III-E Information Services        | All adults, Provider Survey.   | 106,534        | 100               | 4,795             | 101,639     |

## County of Hawaii

| Programs and Services               | Data Source and Methodology   | Extent of Need | Existing Capacity | Unmet Need |
|-------------------------------------|---|----------------|-------------------|------------|
| <b>Access</b>                       |   |                |                   |            |
| Assisted Transportation             | NHIS-D, MEPS 2002 Special Tabulation<br>Physical or cognitive difficulty using regular vehicular transportation   | 8,941          | 1,265             | 7,676      |
| Case Management                     | NHIS-D, 2004, MEPS 2002 Special Tabulation<br>Diminished functional capacities which require the provision of services by formal service providers or family caregivers   | 8,941          | 671               | 8,270      |
| Information & Assistance            | BRFSS 2000; all adults 18+  | 125,115        | 2,751             | 122,364    |
| Outreach                            | BRFSS 200; all 60+ and caregivers under age 60 (14%)  | 43,786         | 813               | 42,973     |
| Transportation                      | 60+ mobility disadvantaged;<br>65+ nondrivers -- AARP report; Aging Americans: Stranded without Options; 21% of 60+   | 6,415          | 1,836             | 4,579      |
| <b>Support Services - In-Home</b>   |   |                |                   |            |
| Adult Day Care/Health               | NHIS-D, MEPS 2002 Special Tabulation<br>Need daytime personal care in a supervised, congregate setting  | 8,941          | 204               | 8,737      |
| Chore                               | NHIS 2003-2004; DHHS, CMS, MCBS 2002<br>Difficulty standing and performing heavy housework  | 7,805          | 4                 | 7,801      |
| Homemaker                           | NHIS 2004<br>Needs help of another person handling routine needs, such as household chores, shopping, or getting around   | 3,226          | 336               | 2,890      |
| Personal Care                       | DHHS, CDC, National Center for Health Statistics, NHIS 2004   | 1,689          | 1,575             | 114        |
| <b>Support Services - Community</b> |   |                |                   |            |
| III-E Counseling                    | BRFSS 200<br>Adult caregivers 18+ (14%)   | 17,516         | 28                | 17,488     |
| III-E Respite                       | BRFSS 200<br>Adult caregivers 18+ (14%)   | 17,516         | 170               | 17,346     |
| III-E Supplemental Services         | BRFSS 2000<br>Adult caregivers 18+ (14%)<br>Services provided on a limited basis, which may include home modifications, emergency response systems, incontinence supplies | 17,516         | 36                | 17,480     |
| III-E Access Assistance             | BRFSS 2000<br>Adult caregivers 18+ (14%)<br>Assists caregivers in obtaining access to services  | 17,516         | 193               | 17,323     |
| III-E Information Services          | All adults 18+  | 125,115        | 840               | 16,676     |

| <b>Programs and Services</b> | <b>Data Source and Methodology</b>  | <b>Est. # of<br/>Individuals in<br/>Need</b> | <b>Existing<br/>Capacity</b> | <b>Unmet Need</b> |
|------------------------------|---|--|------------------------------|-------------------|
| <b>Nutrition Program</b>     |   |  |                              |                   |
| Congregate Meals             | 60+<br>Hot meals in a congregate or group setting                               | 30,546                                       | 1,659                        | 28,887            |
| Home Delivered Meals         | NHIS-D, MEPS 2002 Special Tabulation<br>Hot meals delivered to frail, homebound | 8,941  | 646                          | 8,295             |
| Nutrition Counseling         | BRFSS 2003<br>Nutritionally at risk   | 19,855                                       | 0                            | 19,855            |
| Nutrition Education          | 60+ and caregivers under 60<br>Nutrition information                            | 43,786                                       | 1,771                        | 42,015            |
| <b>Legal Assistance</b>      |   |  |                              |                   |
| Legal Services               | 60+   | 30,546                                       | 479                          | 30,067            |

Numbers calculated using 7/1/2005 U.S. Census Bureau estimates, State Executive Office on Aging calculations.

Sources:

BRFSS – Behavioral Risk Factor Surveillance System, State of Hawai'i, Dept. of Health

MEPS 2002 Special Tabulation – Medical Expenditure Panel Survey

NHIS-D, 2004 – National Health Interview survey on Disability results in LaPlante, et.al.2004, p. 101

NHIS 2003-2004; DHHS, CMS, MCBS 2002 – National Health Interview Survey, Dept. of Health & Human Services, Centers for Medicare & Medicaid Services, Medicare Current beneficiary Survey

DHHS, CDC, National Center for Health Statistics, NHIS 2004 – Dept. of Health & Human Services, Centers for Disease Control & Prevention, National Health Interview Survey